



ORIGINAL CORRESPONDENCE.

ON THE BUTTON-HOLING OF THE FEMALE URETHRA AS A PRINCIPLE OF PRACTICE.

To the Editor of Gaillard's Medical Journal—

SIR: In the March issue of your journal appeared a *résumé* of an article in the *Maryland Medical Journal*, entitled "Recent Progress in the Diagnosis and Treatment of the Diseases of the Female Urethra," in which the teachings of Dr. Emmet are presented in the strongest possible light of commendation, without the slightest reference to the literature of the subject, and from which the reader is left to infer that the subject has no literature, or rather had remained in complete obscurity, so far as the "profession at large" was concerned, until Dr. Emmet suddenly lifted it into the light of day.

From this *résumé* the object of the writer is apparent, to wit—to emphasize the importance alone which he attached to Dr. Emmet's views upon certain hitherto neglected points of practice, especially the button-holing of the urethra, for prolapse of its mucous membrane, as set forth in the third edition of his book on the Principles and Practice of Gynæcology, which appeared in the autumn of last year.

While such a review of the subject does not actually charge ignorance on the part of previous writers, still it must be regarded as a manifest injustice to

them, simply because they are not allowed to speak; though it is true that an author has the right, if he chooses, to embody his own individual experience in a book, and present it to the public, to the almost total exclusion of the contributions of his predecessors and cotemporaries, as Dr. Emmet has done to a very great extent, and in that way encompass them with a larger show of research and originality than they may be entitled to.

The writer of the article in question, whether prompted from motives of fitness, duty, ambition, or whatever other incentive, although unacquainted with the subject, serves up a sort of *ragout*, flavored to suit the palates of the benighted "profession at large," for which he evidently has great regard, as shown by his keen sense of taste in supplying the much-needed knowledge upon the process of button-holing the urethra. But this is not truth; neither is it conducive to the advancement of "the profession at large," for which so much interest is manifested, nor does it comport with the highest aims and requirements of scientific investigation.

For my part, as one of "the profession at large," I do not share with Dr. Emmet his high estimate of the value attached to the button-holing of the urethra for prolapsus of its mucous membrane; nor would it seem that he is individually justified in attaching so much importance to the procedure, having, in his exceptionally large experience, met with it only once where it extended to the entire canal.

As to any superior advantages belonging to it over the old method of snipping off longitudinally hypertrophied folds of mucous membrane sometimes found just within the meatus urinarius, as taught by Sir Charles Mansfield Clark long before Dr. Emmet was born, I fail to appreciate them, to say nothing of the inconveniences and sometimes difficulties and dangers attending the closing of this so-called button-hole, made just behind the meatus urinarius. I say difficulties and dangers, because the structures at the point of election are occasionally exceedingly thin, and the coaptation and closure of the edges of which require more skill than "the profession at large" can be supposed to always have. I have myself lately seen three button-holes in the locality pictured by Dr. Emmet in his book, in all of which there was complete incontinence of urine, arising partly from the overstretching of the urethra for purposes of exploration, and partly from the cutting away of the tissues in unsuccessful attempts to close the openings; from which it would appear that the closure of such openings in the urethra, as were said to have "been performed by the house surgeons in the Woman's Hospital, and given them for practice as one of the simplest," is far from being a simple affair. I have only to say that, after thirty odd years of observation and experience in such matters, I have yet to meet with my first case of the entire prolapsus of the urethra; and from my knowledge of the anatomical structure of the canal, I have no reason to believe that I shall in the future be any more fortunate, or unfortunate, as it may be considered. Should it fall to my lot, however, to meet with

such a case, I would feel myself quite as competent to drag the prolapsed mucous membrane through the meatus urinarius from the upper extremity of the canal and cut it off, as I would through the so-called button-hole made just behind the orifice. Besides, where is the advantage of a nicely made button-hole over an ordinary round opening at the same site, which I commended thirteen years ago (1872) for the drainage of a hypertrophied urethra or urethrocele? The latter is a term which I coined, and gave to this lesion at that time in a paper which I had the honor of reading before the Medical Society of the State of New York. (See Trans.) I then described the lesion at length in its relations, particularly to cystitis and ulceration and disintegration of the mucous coat of the bladder, and designated it "tapping of the urethra." Dr. Emmet does not show the slightest recognition of my priority respecting this point in any of the editions of his work, although he adopts it as a valuable principle of practice, as well as my addition of the term urethrocele to the nomenclature of this class of diseases.

But, again, as to the procedure of button-holing the urethra in order to draw out and cut off the thickened mucous membrane, always found, according to my observations, just within the meatus urinarius, I do not see why the old method, taught by Sir Charles Mansfield Clark, would not be just as convenient, thus placing the tissues in a state of drainage, so to speak, such as I insisted upon by "tapping" the canal in cases of urethrocele.

Should I now, however, meet with a case of prolapse of the entire mucous membrane of the urethra, protruding through the meatus urinarius in great folds, and it should be thought desirable to draw it from the upper part of the canal (the forbidden limits of the button-holing process), or for that part of "tapping," I would most unquestionably make an opening in the trigone of the bladder at its junction with the urethra. In this way I should expect, by putting both the urethra and bladder at complete rest, to accomplish the desired result of a cure, without further ado concerning the membrane protruding from the meatus. Should this fortunate result, however, not be secured in due course of time when it should become necessary to close up the artificial urethro-vesico-vaginal fistule, I would then draw the prolapsed membrane of the urethra towards the bladder, instead of towards the button-hole just behind the meatus, and then cut it off to the exact extent required to free the canal from obstruction. Should there be a redundancy, also, of mucous membrane on the vesical side of the artificial opening, I would draw this out likewise, and cut it off; thus leaving a free and unobstructed passage for the urine both in the urethra and bladder when the cure was completed. This would all be in strict accord with the performance of the physiological functions of both structures. I should expect by this procedure at least to secure one advantage, if no other, namely, the election of a more eligible site as regards the abundance of vesical tissue for *experimental operations*, than upon the urethra, which is *less suited*, from the more delicate nature of its structure and functions, for a similar purpose.

In conclusion, I would say that neither do I endorse Dr. Emmet's mode of operating for incontinence of urine, arising from over-stretching and paralyzation of the urethra, nor admit his claim of originality in the adoption of the procedure, as based on the case of Lizzie Chatfield, recorded in the *New York Medical Journal*, August, 1881, and in the last edition of his book. All the facts pertaining to this case I hope soon to submit to the profession, as a defense of my claims of originality in this procedure.

Respectfully yours,

New York, May 12, 1885.

NATHAN BOZEMAN.